

urine was passed through the urethra for eight days, but blood and urine passed freely through the wounds. On the ninth day a catheter was passed, and kept constantly in the bladder. On the 13th day of June he was transferred to the U. S. General Hospital, Armory Square, Washington, D. C. The wound where the ball was extracted was completely healed—the one made by the entrance of it, nearly so. The catheter was withdrawn four days after his admission into Armory Square, and following its withdrawal he passed, per urethra, a piece of blue cloth, beautifully incrustated with calcareous deposit. Quite a large calculi passed during the night of 20th, accompanied with intense pain. Symptoms of stone being present, the lateral operation of lithotomy was performed on the 9th day of September, by Dr. D. W. Bliss, the surgeon in charge of the hospital, and a soft calculus, weighing twenty-three grains, was extracted; the nucleus being a piece of cloth. The patient bore the operation well, and returned home the following month, apparently perfectly well. Information was obtained from him during the following year, when he was suffering no inconvenience from his wound.

CASE II. John Mahay, Co. A, 101st New York Volunteers. Wounded at battle of Bull Run, August 29, 1862. Conical ball entering upon the crest of the pubis, an inch to the right of the symphysis, passed through it and through the bladder in a downward and outward course, and made its exit between the spine of the ischium and the coccyx. Several pieces of bone passed through the urethra, during the first few months after his entrance into the hospital. The wounds made by the entrance and exit of the ball would close up for a longer or shorter period of time, and would again open and discharge urine, pus, and blood, and when urinating, that fluid would pass as freely through these fistulous openings as through the urethra. He generally urinated freely, but never without pain, referring it to the penis and perineum. The urine was always albuminous and muco-purulent, sometimes mixed with blood. A catheter was retained in the bladder during the earlier part of the treatment, but was discontinued on account of the great pain it produced. This patient was under the care at various times of quite a number of surgeons. When Dr. T. E. Stuart took charge of the case, about nine months after the patient's admission into the hospital, he dilated the wound made by the entrance of the ball, and extracted quite a large irregular shaped piece of bone—at the same time he introduced his finger through the opening, and felt a stone in the bladder. The patient's condition was such that it was not deemed prudent to operate for its removal. I do not know the precise day of the patient's death, but am convinced that he was an inmate of the hospital for a year and a half or more. He finally died from exhaustion. The bladder was found to be very much contracted, and three-eighths of an inch in thickness; its cavity was nearly filled by two calculi, one weighing two drachms and ten grains, and the other four drachms.

1866. Jan. 20. *Abscess of Liver*.—Dr. YOUNG reported the following case, which occurred while he was acting House Physician in Bellevue Hospital:—

P. R., Irishman, æt. 35; hackman; intemperate; admitted June 2, 1864. Came under my care July 1. He was then extremely emaciated; his abdomen and lower part of thorax very much enlarged. Right leg very œdematous. The liver extending below the umbilicus, and considerably to the left of median line. Some effusion within the peritoneal

sac. The bowels being flatulent and thereby increasing the permanent embarrassment to respiration, aromatics were administered with good effect, and, subsequently, small doses of podophyllin every four hours until the bowels were freely acted upon and the œdema of leg had disappeared. He was now enabled to move slowly about the ward.

July 10. At a point between the eighth and ninth ribs, and to the right of the median line eight inches, he had for several days experienced pain, but there was no redness present, but as fluctuation was discovered hepatic abscess was diagnosed.

22d. Dr. Loomis, the visiting physician, by using an exploring needle at that point discovered pus, whereupon he made a small incision with a scalpel, and the pus gushed forth in a steady stream until five and a half quarts were collected. The patient bore the operation well, and expressed himself as greatly relieved. The breathing became easy; pulse feeble, 112. A binder was placed around the body and a siphon of tow put in the opening. He was given eggnog and beef-tea during the evening.

23d. Appetite enormous. He was ordered, in addition to the regular diet, two pounds beef steak, two pounds mutton chops, nine eggs, two quarts milk, and twelve ounces of whiskey, all of which he consumed and called for more. In two or three days he was able to sit up on the side of the bed.

27th. Commenced sweating profusely; took very little nourishment; two grains of quinia with a few drops of aromatic sulphuric acid were given every three hours.

On the 29th the sweating had stopped, and his appetite was regained; he put on his clothes, walked to the portico, and there sat for two hours smoking his pipe. From the time of the operation the abscess was syringed out every day by means of a stomach-pump.

About the 15th of August maggots appeared in the matter washed out, but these were destroyed by creasote in a short time. He continued to improve until October 28, when I left the hospital. He had gained more than forty pounds, and was feeling so well that he was making preparations to leave for home in a few days. At that time the abscess was *discharging* about two ounces of healthy pus daily. Dr. A. Flint, in his recent work on practice, has referred to this case. (p. 465.)

March 24. Idiopathic Endocarditis.—Dr. ROBERTS reported the following case:—

A. H., twenty-one years of age, a soldier, had been under my observation about three weeks, with a gunshot flesh wound of the calf of the leg, which had nearly healed, when he was attacked with a chill, followed by high febrile excitement. I saw the patient during the fever, but passed him by, prescribing a simple diaphoretic, supposing it to be a case of ordinary intermittent fever, then quite prevalent in this locality. I found the next morning the fever, instead of having subsided, had increased; the pulse was 120, full, hard, and regular; the face flushed; tongue dry and coated; and the man complained of a dull, burning pain in the region of the heart. I auscultated the organs situated in the chest, but could find no trouble there beyond the excessive action of the heart. I directed my measures to reducing the inflammatory excitement, and gave to that end hyd. chlor. mit. and pulv. jalap grains v each, adding antim. et potass tart. gr. $\frac{1}{2}$ to each dose of the diaphoretic mixture. Upon making my evening visit the general condition of the patient was unchanged; he had a copious evacuation of the bowels. The next morning I found a